# **REGION I AGING SERVICES**

Karen Quick, Regional Aging Services Program Administrator

Serving: Divide, McKenzie, & Williams Counties







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Region I Newsletter compiled by WCHSC - Aging Services
Layout & design by Peggy Krein, WCHSC

### **Welcome New Staff!!**



The Aging Services Division, Department of Human Services announces that Joan Ehrhardt has been hired as the State Long-Term Care Ombudsman, following the retirement of Helen Funk who had served in that capacity for 10 years. Joan will also serve as the Regional Ombudsman for the facilities in the Bismarck Region.

For the past 18 years she has performed a variety of duties in relation to long term care for the Medical Services Division of the Department of Human Services. Joan can be reached at 328-4617.

Western North Dakota Alzheimer's Association office – Krista Headland, 701-258-4933 or <a href="mailto:krista.headland@alz.org">krista.headland@alz.org</a> 24/7 information helpline – 1-800-272-3900

### Meet North Dakota's 2008 Outstanding Older Worker

#### Charlie Kourajian 77 Jamestown, ND

Residents of Jamestown, ND rave about Charlie Kourajian's zeal for promoting and improving his city. With 32 years experience in city government, he's a gold mine of expertise as an employee and a community activist. Kourajian's continuing contributions to the world of work and his community at the age of 77 impressed a panel of judges who selected him as North Dakota's 2008 Outstanding Older Worker. Criteria for selection included contributions to the workplace, ability to meet challenges to remain in the workforce, community involvement, the potential to articulate the values, needs and challenges of older Americans, and the embodiment of lifelong learning and achievement.



"Charlie embodies the spirit of productive aging as a contributing member of today's workforce. He is a multitalented person with a marvelous attitude toward life. His longstanding and continued involvement in activities that benefit his community and state make him a role model for other older Americans as well as for the younger generation," said Jean Bennett, Regional Director for Experience Works, organization hosting the Prime Time Awards program, which is the nation's premier olderworker recognition event.

Kourajian has four children, two step children, 13 grandchildren and two step grandchildren. Although community betterment consumes much of his life, he enjoys being with Marge, his wife, and their grandchildren and greatgrandchildren.





Riddles – These 5 riddles will help keep your brain sharp!!

- 1. A murderer is condemned to death. He has to choose between three rooms. The first is full of raging fires, the second is full of assassins with loaded guns, and the third is full of lions that haven't eaten in 3 years. Which room is safest for him?
- 2. A woman shoots her husband. Then she holds him under water for over 5 minutes. Finally, she hangs him. But 5 minutes later they both go out together and enjoy a wonderful dinner together. How can this be?
- 3. What is black when you buy it, red when you use it, and gray when you throw it away?
- 4. Can you name three consecutive days without using the words Wednesday, Friday, or Sunday?
- 5. This is an unusual paragraph. I'm curious as to just how quickly you can find out what is so unusual about it. It looks so ordinary and plain that you would think nothing was wrong with it. In fact, nothing is wrong with it! It is highly unusual though. Study it and think about it, but you still may not find anything odd. But if you work at it a bit, you might find out. Try to do so without any coaching?

(No "peeking" - - answers can be found on page 7!!)



## 

**CapTel** phones allow the user to **hear** and **see** what someone is saying! **CapTel** phone users can listen to the caller while they read the written captions in the **CapTel** phone's display window.

#### How does the CapTel Phone work?

When you place a call with a **CapTel** phone, the captioning service is connected automatically to provide captions. You just dial the phone number of the person you want to call, and the call will be captioned.

Behind the scenes, a specially trained operator at the captioning service transcribes everything the other party says into written text, using the very latest in voice-recognition techno-logy. The written text appears on a bright, easy-to-read display window built into the **CapTel** phone. The captions appear almost simultaneously with the spoken word, allowing the **CapTel** phone users to understand everything that is said — either by hearing it or by reading it.



#### How your family, friends, or employer can call you?

To receive a call, your caller must first dial the toll free number of the captioning service and then enter your phone number. You will get captions through any call that is placed through the captioning service. If your caller dials you directly, the call will not be captioned. "Call Me" cards that list the toll free captioning service number are included with the **CapTel** phone. You can give the "Call Me" cards to people who call you frequently.

#### How does the CapTel Phone compare to a Voice Carry Over (VCO) Phone?

**CapTel** phone users can simultaneously hear the voice over the phone and read captions of what is said. Current VCO technology allows only voice or text on the line at one time and does not allow the VCO user to hear the voice of the other party.

#### Who benefits from a CapTel Phone?

- Anyone with some degree of hearing loss, who finds it difficult to understand telephone conversations.
- People using hearing aids or assistive listening devices.

• People who are deaf or hard-of-hearing and can speak.

#### Is there a charge for the Captioning Services from Relay North Dakota?

There is no charge for the captioning service; however, when making long distance calls from a **CapTel** phone there is a charge just as there would be if you used a standard telephone. If you want the captioning service to bill the long distance company of your choice, you will need to call them and set that up, just as you would if you used a Text Telephone (TTY) or Voice Carry Over (VCO).

#### How do I get a CapTel Phone?

The **CapTel** phone is now offered at no cost to eligible participants as part of the North Dakota Tele-communications Equipment Distribution Services (TEDS) which is currently run through the Interagency Program for Assistive Technology (IPAT). To see if you qualify, call IPAT at 1-800-265-4728. The forms for the TEDS program are also available at the IPAT website: <a href="https://www.ndipat.org">www.ndipat.org</a>.

# To find out more information regarding CapTel Service, or Relay North Dakota see the following:

• ND Relay website: www.relaynorthdakota.com

• CapTel website: <u>www.captionedtelephone.com</u>

#### **CapTel Customer Service:**

CapTel: 1 (888) 269-7477 OR 1 (800) 482-2424 TTY

En español: 1 (866) 670-9134 By TTY: 1 (800) 482-2424 By FAX: 1 (608) 238-3008 Email: CapTel@CapTelMail.com

ND Relay Phone Number: 7-1-1

#### PREVENTING TRAUMATIC BRAIN INJURY IN OLDER ADULTS

If you are one of the millions of people in this country who provides care for an older adult – a parent, grandparent, other family member, professional caregiver, or a close friend – you should learn about traumatic brain injury or TBI. A TBI is caused by a bump or blow to the head that affects how the brain normally works. TBI is a special health concern for older adults. People ages 75 and older have the highest rates of TBI-related hospitalizations and death. They also recover more slowly and die more often from these injuries than do younger people. Falls are the leading cause of TBI.

#### What are the signs and symptoms of TBI?

Symptoms of TBI include:

- Low-grade headache that won't go away
- Having more trouble than usual remembering things, paying attention or concentrating, organizing daily tasks, or making decisions and solving problems
- Slowness in thinking, speaking, acting, or reading
- Getting lost or easily confused
- Feeling tired all of the time, lack of energy or motivation
- Change in sleep pattern sleeping much longer than before, having trouble sleeping
- Loss of balance, feeling light-headed or dizzy
- Increased sensitivity to sounds, lights, distractions
- Blurred vision or eyes that tire easily
- · Loss of sense of taste or smell
- Ringing in the ears
- Change in sexual drive
- Mood changes like feeling sad, anxious, or listless, or becoming easily irritated or angry for little or no reason

A person with moderate or severe TBI may show the symptoms listed above, but may also have:

- A headache that gets worse or does not go away
- Repeated vomiting or nausea
- Convulsions or seizures
- Inability to wake up from sleep
- Dilation of one or both pupils
- Slurred speech
- Weakness or numbness in the arms or legs
- Loss of coordination
- Increased confusion, restlessness, or agitation

Older adults taking blood thinners (e.g. Coumadin) should be seen immediately by a health care provider if they have a bump or blow to the head, even if they do not have any of the symptoms listed above.

#### What should you do if you think the older adult in your care has a TBI?

Take them to the doctor. Tell the doctor about any prescription drugs, including over-the-counter medicines, blood thinners, or aspirin that the older adult takes.

#### Can TBI be prevented?

**YES**. Here are some things you can do to help prevent falls, the most common cause of TBI among older adults.

The most effective way to prevent older adults from falling is to do all of these things.

- Encourage Exericse. Exercise is one of the best ways to reduce older adults' chances of falling. Exercises that improve balance and coordination, like Tai Chi, are most helpful. You should check with the older adult's doctor about which exercises are safest and best for them.
- Make the home or surroundings safer.
  - Remove things from stairs and floors that might cause tripping.
  - o Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
  - o Place items used often within easy reach, so that a step stool is not needed.
  - o Install grab bars next to the toilet and in the tub or shower.
  - o Place non-stick mats in the bathtub and on shower floors.
  - o Add brighter lighting and reduce glare by using lampshades and frosted bulbs.
  - o Be sure there are handrails and lights on all staircases.
  - o Be sure the older adult wears shoes that give good support and have thin, non-slip soles. They should avoid wearing slippers and socks and going shoeless.
- Ask the health care provider to review all medicines. Ask the doctor or local pharmacist
  to look at all the prescription medicines the older adult takes as well as non-prescription
  drugs like cold medicines and various supplements. As people age, the way some medicines
  work in the body can change. This could cause a person to feel drowsy or lightheaded,
  which could lead to a fall.
- Take the person in your care for a vision check. Make sure an eye doctor checks to be sure eye glasses are correct and that there are no conditions that limit vision, like glaucoma or cataracts. Poor vision can increase the chance of falling.

For more information: Call the Centers for Disease Control and Prevention (CDC) toll-free at 1-800-232-4636 or visit <a href="www.cdc.gov/BrainInjuryInSeniors">www.cdc.gov/BrainInjuryInSeniors</a>.

#### AGING SERVICES NEWSLETTER

Please share this newsletter with a friend, co-worker, at your Senior Center, post on a bulletin board, etc. If you wish not to be on the mailing list for the newsletter, please contact **Karen Quick** at 774-4685. You are welcome to submit any news you may have regarding services and activities that are of interest to seniors in this region. **Northwest Human Service Center** makes available all services and assistance without regard to race, color, national origin, religion, age, sex, or handicap, and is subject to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1975 as amended. **Northwest Human Service Center** is an equal opportunity employer.

# HHS Fact Sheet



U.S. Department of Health and Human Services

www.hhs.gov/news

HHS Takes New Steps to Accelerate Adoption of Electronic Prescribing

Medicare Payments for Successful Electronic Prescribers, Reporting Quality Data are Important Steps

Toward a Value-Driven Health Care System

#### **ELECTRONIC PRESCRIBING**

Medicare is taking new steps to speed the adoption of electronic prescribing (eprescribing) by offering incentive payments to physicians and other eligible professionals who use the technology. E-prescribing is more efficient and convenient for consumers, improves the quality of care, lowers administrative costs and its widespread use would eliminate thousands of medication errors every year.

Beginning in 2009, and during the next four years, Medicare will provide incentive payments to eligible professionals who are successful electronic prescribers. Eligible professionals will receive a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a one half percent incentive payment in 2013.

Beginning in 2012, eligible professionals who are not successful electronic prescribers will receive a reduction in payment. Eligible professionals may be exempted from the reduction in payment, on a case-by-case basis, if it is determined that compliance with requirement for being a successful prescriber would result in significant hardship.

Medicare is expected to save up to \$156 million over the five-year course of the program in avoided adverse drug events. It's been estimated that Medicare beneficiaries experience as many as 530,000 adverse drug events every year, contributed to in part by negative interactions with other drugs, or a prescriber's lack of information about a patient's medication history.

According to the Institute of Medicine (IOM), more than 1.5 million Americans are injured each year by drug errors. Electronic prescribing can help deliver safer, more efficient care to patients.

E-prescribing has the potential for improving beneficiary health outcomes. For providers, prescribing electronically improves quality and efficiency and reduces cost by actively promoting appropriate drug usage; providing information to providers and dispensers about formulary-based drug coverage, including formulary alternatives and co-pay information; and speeding up the process of renewing medications. E-prescribing, if permitted for controlled substances, also may play a significant role in efforts to reduce the incidence of drug diversion by alerting providers and pharmacists of duplicative prescriptions for controlled substances.

This incentive payment for successful electronic prescribers is a significant step forward for the encouragement of the use and adoption of e-prescribing throughout the health care system. Advancements in the adoption of e-prescribing will help further the transformation of the current health care system into a system based on value.

U.S. Department of Health and Human Services Secretary (HHS) Mike Leavitt has consistently advocated for Medicare payments to be connected to physicians' adoption of e-prescribing and recently Congress enacted legislation allowing such an effort to go forward.

In 2004, President George W. Bush set a goal for most Americans to have secure access to a secure, interoperable electronic health record by 2014. Electronic prescribing has been identified as an area where significant progress could be made quickly to improve the quality of care.

#### **QUALITY REPORTING MEASURES**

In another step toward establishing a health care system based on value, the first payments under the Medicare Physicians Quality Reporting Initiative (PQRI) have been awarded. By collecting data on quality, health care providers can use the information collected to improve patient care.

Through PQRI, the Centers for Medicare & Medicaid Services (CMS) has provided more than \$36 million in bonus payments to more than 56,000 health professionals who reported quality information to Medicare. The average incentive amount for individual physicians was more than \$600 and the average incentive payment for physician group practices was more than \$4,700. The largest payment to a physician group practice totaled more than \$200,000.

Recent legislation extends the physician quality reporting system and provides for incentive payments of 2 percent for reporting data on quality measures in 2009 and 2010, up from 1.5 percent in 2008. In addition, CMS will post on its Web site the names of eligible professionals who satisfactorily submitted data on PQRI quality measures and establish a Physician Feedback Program in which claims and other data will be used to develop confidential reports to physicians that measure the resources involved in furnishing care to Medicare beneficiaries.

#### STEPS TO VALUE-BASED SYSTEM

These initiatives are an example of the leadership HHS provides in the transformation of the current U.S. health care model into a system based on value. HHS is working to ensure that consumers know the quality and

cost of their health care. Health care transparency provides consumers with the information and incentives necessary to choose health care providers based on value.

Providing timely and reliable cost and quality information empowers consumer choice. Consumer choice creates incentives at all levels, and motivates the entire system to provide better care for less money. Quality improvement will continue as providers can see how their practice compares to others. Electronic prescribing is one part of broader efforts to accelerate the adoption of health IT and the establishment of a health care system based on value.

For additional information, please go to: http://www.hhs.gov/valuedriven/ and http://www.cms.hhs.gov/pqri/









- 1. The third room. Lions that haven't eaten in three years are dead. That one was easy, right?
- 2. The woman was a photographer. She shot a picture of her husband, developed it, and hung it up to dry (shot; held under water; and hung).
- 3. Charcoal, as it is used in barbecuing.
- 4. Sure you can name three consecutive days: yesterday, today, and tomorrow!
- 5. The letter "e" which is the most common letter used in the English language, does not appear even once in the paragraph.

### HOW DID YOU DO?

#### **CONSUMER FACTS FOR OLDER AMERICANS**

#### Prepaid Debit Cards for Social Security and SSI

New Social Security and Supplemental Security Income recipients without a bank account now have the option of receiving benefits through a prepaid "Direct Express" MasterCard debit card instead of a paper check.

**Is the Direct Express Card better than a paper check?** For those without bank accounts, the Direct Express card has important benefits:

- No check cashing fees. Get cash free or for a small fee.
- Receive money faster. Funds will be available the day they are paid, without waiting for a check to arrive in the mail.
- Convenience. The card can be used anywhere a MasterCard debit card is accepted, including for telephone and online payments. Get cash from any bank, ATM or merchant who provides cash back.
- **Safety.** You don't need to "cash" the entire payment at once, and funds stored on the card are safer than cash. You are protected from theft if you report the theft promptly.
- Record keeping. Statements are available detailing your purchases.

However, you must protect your card by safeguarding the personal identification number (PIN), by reviewing your statements regularly, and by being aware of the fees for some services.

#### TIPS:

- **Sign up for regular monthly statements.** It is worth 75 cents/month to protect the card from unauthorized charges and to have a complete record of transactions.
- Free cash. One cash withdrawal is free per deposit at ATMs in the Direct Express network (see website listed on next page). Withdrawals are also free inside at the teller window at any MasterCard member bank (most banks) or by asking for cash back from a purchase.
- Sign up for free deposit and low balance alerts by telephone, email or text message.

**Are There Fees?** There is no sign-up or regular monthly fee for the card.

#### The only fees are:

- 90 cents for ATM withdrawals after the first free one per deposit (plus any surcharge from a non-network ATM)
- 75 cents for automatic monthly paper statement
- \$1.50 for automated telephone (IVR) transfers to another account
- 50 cents per bill for online bill payment
- \$4 for a replacement card after the first one each year
- \$13.50 for expedited delivery of a replacement card
- \$3 for international ATM withdrawals
- 3% for purchases or withdrawals in an international currency

How do I know how much money is on the card? You can call customer service or check the balance online or at an ATM for free. You can also sign up for free text, telephone or email messages to alert you when a deposit is made or your balance slips below an amount you pick.

Will I get a statement? You can view the last 90 days of activity online. You can sign up for a regular paper monthly statement for \$0.75/month or get one for free from time to time by calling customer service.

**Is the money on the card safe?** The funds are FDIC-insured. If your card or password is lost or stolen, you can get a replacement card or change the password. If someone makes an unauthorized charge, you are liable for no more than \$50 if you report the loss or theft within two business days of learning about it.

Can I get the Direct Express Card if I have a bank account? Yes, but you will have to ask. Direct deposit into a bank account is better for most people, but if you have debts that might lead a debt collector to garnish your account, the Direct Express card is safer because it cannot be frozen except for child support, alimony, and debts to the federal government like taxes and student loans.

What if I still want a paper check? If you prefer to receive a paper check, you can ask for one.

#### Useful information:

U.S. Treasury Department's Direct Express information: http://www.fms.treas.gov/directexpresscard

Direct Express Enrollment: http://www.USDirectExpress.com (also has surcharge-free ATM locations) or (977) 212-9991

Consumer Information for Seniors and Others:

http://www.nclc.org/issues/seniors initiative/information.shtml

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#### **School Bus Safety Alert**

We need to pay special attention to the yellow and red flashing lights on the many school buses that are out there now. Flashing yellow lights indicate the bus is approaching a stop and the red lights will come on momentarily. The law forbids vehicles approaching from either direction from passing school buses that are stopped with their red lights flashing or while their stop sign is out. If you pass a school bus while their red lights are flashing or their stop sign is out, you will be fined and also receive 6-points on your driving record!

## **ND Family Caregiver Support Program**

#### Can the respite provider take my family member out of the home?

No. Respite care is to take place within the home, or an adult/child day care setting or an institutional setting. Taking the care recipient out of the home for car rides, shopping trips, coffee/lunch and to clinic appointments are not covered services under the respite program.

We recognize that caregiving can be very draining and time consuming, and we want to encourage all of you receiving services to use the respite time to attend to some of your own needs, and enjoy some time away from your caregiving responsibilities. Please call me at (701) 774-4685 if you have other questions regarding the program, or you would like to discuss other options for in-home assistance.

"Adulthood is defined by the willingness to accept full responsibility for where you are at in life; no longer blaming others or circumstances.

#### **Make Your Home Safer**

4 things **YOU** can do to prevent falls:

- 1. Begin a regular exercise program.
- 2. Have your health care provider review your medicines.
- 3. Have your vision checked.
- 4. Make your home safer.

About half of all falls happen at home. To make your home safer:

- Remove things you can trip over (like papers, books, clothes, and shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars put in next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Hang lightweight curtains or shades to reduce glare.
- Have handrails and lights put in on all staircases.
- Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers. (Department of Health and Human Services / Centers of Disease Control and Prevention / MetLife Foundation

# **Telephone Numbers to Know**

#### **Regional Aging Services Program Administrators**

Region I: Karen Quick 1-800-231-7724 Region II: MariDon Sorum 1-888-470-6968 Region III: Donna Olson 1-888-607-8610 Region IV: Patricia Soli 1-888-256-6742 Region V: Sandy Arends 1-888-342-4900 Region VI: Russ Sunderland 1-800-260-1310 Region VII: Cherry Schmidt 1-888-328-2662 (local: 328-8787) Region VIII: Mark Jesser 1-888-227-7525

#### **ND Family Caregiver Coordinators**

Region I: Karen Quick 1-800-231-7724 Region II: Theresa Flagstad 1-888-470-6968 Region III: Kim Helten 1-888-607-8610 Region IV: Raeann Johnson 1-888-256-6742 **Region V**: Laura Fischer 1-888-342-4900 Region VI: CarrieThompson-Widmer

1-800-260-1310

Region VII: Tammie Johnson 1-888-328-2662 (local: 328-8776)

Region VIII: Rene Schmidt 1-888-227-7525

#### **Long-Term Care Ombudsman Services**

State Ombudsman: Joan Ehrhardt

1-800-451-8693

Region I & II: Deb Kraft 1-888-470-6968

Region III & IV: Kim Helten or Donna Olson 1-888-607-8610 (701-665-2200) OR

Region V & VI: Bryan Fredrickson

1-888-342-4900

Region VII: Joan Ehrhardt 1-800-451-8693

Region VIII: Mark Jesser 1-888-227-7525

#### **Vulnerable Adult Protective Services**

Region I & II: Deb Kraft 1-888-470-6968

Region III: Ava Boknecht, Kim Helten, Donna Olson, or Andrea Laverdure 1-888-607-8610

Region IV: Patricia Soli 1-888-256-6742 Direct referral to GFCSS VAPS: 1-701-797-8540 Raeann Johnson Vulnerable Adult Team (VAT): 1-888-256-6742

Region V: Sandy Arends 1-888-342-4900 Direct referral may be made to Cass County Adult Protective Services unit: 1-701-241-5747.

Region VI: Russ Sunderland 1-701-253-6344

Region VII: Cherry Schmidt or Karla Backman 1-888-328-2662 or 1-701-328-8888

(local: 328-8787)

Region VIII: Rene Schmidt 1-888-227-7525

#### Other

Aging Services Division and "Resource Link": www.carechoice.nd.gov 1-800-451-8693

AARP: 1-866-554-5383

Mental Health America of ND

(Local): 1-701-255-3692 Help-Line: 211 or 1-800-472-2911

IPAT (Assistive Technology): 1-800-265-4728

Legal Services of North Dakota:1-800-634-5263

or (age 60+): 1-866-621-9886

Attorney General's Office of

Alzheimer's Association:

Consumer Protection: 1-701-328-3404

1-800-472-2600

Social Security Administration: 1-800-772-1213

Medicare: 1-800-633-4227

Senior Health Insurance Counseling (SHIC)

1-701-328-2440 ND Insurance Department:

Prescription Connection: 1-888-575-6611

1-800-232-0851

1-701-258-4933

#### Rehab Accessibility Program (RAP)

#### Supporting the Accessibility Needs of Households with Physical Disabilities

#### What is the Rehab Accessibility Program?

The Rehab Accessibility Program (RAP) offers grant dollars for the renovation of properties occupied by lower-income North Dakotans with physical disabilities.

The assistance provided enables the qualifying tenants or homeowners to remove barriers and turn a house into an accessible and comfortable home.

#### What kind of improvements can be made with RAP funds?

Eligible improvements are those that address the accessibility needs of people with physical disabilities.

Examples of qualifying renovations include the installation of wheelchair ramps, audio and visual smoke detectors, chair lifts and door hardware.

#### How do I receive a RAP application?

Phone: (701) 328-8080

(800) 292-8621 (Toll Free) (800) 366-6888 (TTY)

Email: <a href="mailto:info@ndhfa.org">info@ndhfa.org</a>

RAP information packets are also available online at <a href="https://www.ndhfa.org">www.ndhfa.org</a>.

#### Submit completed application to:

North Dakota Housing Finance Agency 1500 East Capitol Avenue PO Box 1535 Bismarck, ND 58502-1535

#### **MISSION STATEMENT**

In a leadership role, Aging Services will actively advocate for individual life choices and develop quality services in response to the needs of vulnerable adults, persons with physical disabilities, and an aging society in North Dakota.

#### What is LIHEAP?



The purpose of the **Low Income Home Energy Assistance Program** (LIHEAP) is to provide home energy assistance to eligible low-income households. The North Dakota Department of Human Services and the County Social Service boards administer the LIHEAP program.

#### Who Should Apply?

- Households who buy their heating fuel from a fuel dealer or utility company (fuel, oil, propane, natural gas, electricity, wood, coal, and kerosene), and households whose rent payments include the cost of heat, if they do not receive a rent subsidy.
- Households who need assistance with: non-repairable furnaces and water heaters, fuel
  costs that are high due to houses that are older or in poor shape.
- Households who have difficulty paying fuel bills due to other rising costs and are in danger of losing their heating source.

#### How Do I Apply?

Applications are accepted from October 1 – May 31 of each heating season, or until program funds are used up. You must apply each season. You can also get an application from your local County Social Service Board, Community Action Agency or other agencies. The County Social Service Board, a friend or a relative can assist you in completing the application.

For LIHEAP services, call your local County Social Service office <u>OR</u> call the State LIHEAP office at: 1-800-755-2716. Hearing impaired: TTY # Relay ND 1-800-366-6888.

#### **Proactive Caregiving**

We all have lessons to learn throughout our lifetimes. Life evolves and sometimes our journey takes us through turbulent waters and other times the waters remain still. These journeys become a part of us and make us who we are. We are here to learn from one another and through these lessons we can heal our relationships and sometimes ourselves. Becoming a family caregiver for someone you love is one of those heart wrenching and at times enlightening life lessons. Your role as a family caregiver can happen abruptly or creep in slowly-unnoticed until one day you realize you are caring more for someone else than you are for yourself. You find yourself beginning to struggle with the day to day demands, and somewhere along the way you realize you have lost your identity and have allowed the caregiving role to define who you are. Your new role as a family caregiver can become as frightening as the initial diagnosis. The journey can be difficult when traveled alone; however, it does not have to be that hard and you do not and should not have to travel the road alone.

Advocating for Your Family: National Family Caregiver Association (NFCA) encourages and stresses the importance of arming yourself with vital information regarding your loved one's diagnosis and treatment options. Having the proper information is the gold standard in achieving the ability to advocate for your loved one and developing strong self advocacy skills. By keeping the goal of receiving quality healthcare and making it a priority, you can avoid future medical problems and create a superior quality of life for all involved.

**Believe in Yourself**: NFCA stresses the importance of trying to maintain a positive attitude by recognizing your strengths and limitations. By believing in yourself and recognizing your strengths

and limitations, it will go a long way in your ability to set goals and boundaries for yourself and for your loved one.

<u>Protect Your Health</u>: It is critically important to maintain your physical and emotional health and well being – if you don't who will? Your good health is the greatest gift you can give your loved one and your entire family.

**Reach Out for Help**: Reaching out and asking for help is never a sign of weakness, rather it demonstrates strength and a keen awareness of your own abilities and sense of self.

<u>Public Policy Issues</u>: Family caregivers have been invisible and silent far too long. NFCA works hard to give a collective voice to all family caregivers and supports the development of sound public policies which can support caregiving families nationwide.

At NFCA, we realize first hand that caregiving can be difficult because most of us are current or former family caregivers. We understand that family caregiving requires the constant juggling of work, family life and maintaining our own autonomy. Without the adequate support, information, education and training, we cannot possibly maintain and continually meet the needs of our entire family. NFCA wants all family caregivers to recognize and understand that family caregiving does not have to be so hard, and realize there are vital life skills you can incorporate into your life to reduce the stress and strain that caregiving can generate. By improving and developing strong family caregiving skills from the start, it can go a long way to encouraging a more positive outlook for your family's future and create the wonderful quality of life of which you have an inherent right to and deserve. Reprinted from Proactive Caregiving with permission of the National Family Caregivers Association, Kensington, MD, the nation's only organization for all family caregivers. 1-800-896-3650; http://www.thefamilycaregiver.org/